## PART B - FEE(S) TRANSMITTAL

omplete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

RUCTIONS: THE form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where originate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a large further correspondence of the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for itenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23460

7590

02/18/2004

LEYDIG VOIT & MAYER, LTD TWO PRUDENTIAL PLAZA, SUITE 4900 180 NORTH STETSON AVENUE CHICAGO, IL 60601-6780

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

John KilyK, Jr.	(Depositor's name)
Shitch h.	(Signature)
Amil 5, 2004	(Date)

LTD.

APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/898.860	07/03/2001	Yutaka Kawakami	2026-4124US5	7029	

TITLE OF INVENTION: MELANOMA ANTIGENS AND THEIR USE IN DIAGNOSTIC AND THERAPEUTIC METHODS

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO .	\$1330	30	\$300	\$1630	05/18/2004	
EXAMINER .		ART UNIT		CLASS-SUBCLASS	7		
HUFF, SHEELA JITENDRA		1642		530-387900		•	
Address form PTO/SB/12  TP "Fee Address" indication PTO/SB/47; Rev 03-02 on Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE	nce address (or Change of C 2) attached. on (or "Fee Address" Indicar r more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be to the USPTO or is being se	Correspondence tion form e of a Customer  E PRINTED ON The company of the customer of the cust	names of agents Olf firm (hav agent) an attorneys will be pri	T (print or type) ar on the patent. Inclusion of a Completion of this form is NC CE: (CITY and STATE OR CC	assignee data is only approput a substitute for filing an appunct of the control	riate when an assignment hassignment.	
• •	of the United d by the Secre				lle, Maryland		
Health and lease check the appropriate	•	• •			corporation or other private	group entity <b>XX</b> governme	
a. The following fee(s) are e			. Payment of			ARB.	
Issue Fee			☐ A check i	n the amount of the fee(s) is er	closed.		
Publication Fee		☐ Payment by credit card. Form PTO-2038 is attached.					
☐ Advance Order - # of C	Copies		The Dire Deposit Acc	ctor is hereby authorized by 1	charge the required fee(s), o	or credit any overpayment, to copy of this form).	
					issue fee to the application is		

NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

04/12/2004 WARDELR3 00000179 121216 09898860

01 FC:1501 02 FC:1504 1330.00 DA

300.00 DA

TRANSMIT THIS FORM WITH FEE(S)